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ESSEX EDUCATION COMMITTEE.

REPORT

OF

SCHOOL MEDICAL OFFICER

ON THE

MEDICAL INSPECTION AND TREATMENT OF SCHOOL CHILDREN

FOR THE

Year ended December 31st, 1938.

CHELMSFORD.

Printed by John Dutton Ltd., 8, Tindal Street and 91, High Street.

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ESSEX EDUCATION COMMITTEE.

P R E F A C E .

To the Chairman and Members of the Essex Education Committee.

In accordance with the requirements of the Board of Education, I have the honour to submit to you the 30th Annual Report on Medical Inspection and Treatment for the year ended 31st December, 1938, in the part of the Administrative County of Essex for which the County Council is the Education Authority.

The medical, dental and nursing staffs were augmented and further additional appointments on these staffs are being made in 1939 as a result of the extension of the school leaving age which comes into force on the 1st September, 1939. In this connection and with the approval of the Board of Education, arrangements are being made for a further age group to come under the routine inspection scheme.

There was a considerable increase in the number of examinations carried out by the medical staff, viz., 110,593 as against 98,355 for 1937. The routine inspections were, however, 2,179 less, but the re-inspections were 14,689 more, due, no doubt, to the provision of increased clinic facilities.

The number of individual children in the prescribed age groups who were found to be in need of treatment (excluding defects of nutrition, uncleanness and dental diseases) shows a slight increase, the percentage being 16.47 as against 15.99 for the previous year.

Particular attention was again paid to the nutritional condition of the children, and it is gratifying to note that there does not appear to be any need for apprehension that there has been any material decrease in the general nourishment of the school population.

Five new Combined Treatment Centres were opened during the year, and it is hoped that additional clinic facilities will shortly be available in Dagenham, where the pressure on the existing clinics is very heavy.

Difficulty is being experienced in dealing with the operations for the removal of tonsils and adenoids. All the hospitals have long waiting lists and unfortunately there appears to be little likelihood of overtaking the arrears in the near future.

As mentioned in last year's report, the County Ophthalmic Service was augmented by the appointment of one additional whole-time and one part-time Ophthalmic Surgeon. I am indebted to Mr. G. A. Jamieson, County Ophthalmic Surgeon, for an interesting report (see page 17) on the work. In regard to his remarks on the treatment of Squint, the Committee have recommended that an Orthoptist be appointed and it is hoped that a scheme will be commenced during 1940. It is also hoped that a Special Class for Partially-Sighted Children will be opened in Dagenham before the end of 1939.

Mr. S. K. Donaldson, Senior Dental Surgeon, has submitted another helpful report (see page 22) on the dental inspection and treatment scheme. The whole of the County is now served by a full-time dental service ; further

appointments during 1939 will relieve certain districts where the work is in arrears and also enable more time to be given to treatment of pre-school children, thus reducing the amount of treatment when these children reach school age. The fully equipped dental van continues to be of invaluable assistance in the treatment of children in the rural areas of the North-West part of the County. Dental propaganda is now a prominent feature at each Health Exhibition in the rural districts.

Unfortunately, during the year, an outbreak of infantile paralysis occurred, necessitating the closure of several schools in the Northern part of the County and pressure on beds under the Orthopædic Scheme. A full account of this outbreak is given in the Annual Report of the County Medical Officer of Health for the year 1938.

Further facilities for treatment are being provided, viz., a Rheumatic Clinic at Oldchurch County Hospital, Romford, and the appointment of a Speech Therapist.

The Milk in Schools Scheme continues to be a success and 522 schools (an increase of 24), and 47,887 children (an increase of 4,503), participated in the scheme. Every credit is due to the Head Teachers for their help and keen interest in this successful scheme. The School Medical Staff are convinced that the Milk in Schools Scheme has improved the standard of health of the school children, particularly those who have to travel some distance to and from school.

An increasing number of children (364 as against 316) was sent to Open-Air Schools and Convalescent Homes in various parts of the Country during the year.

The arrangement under which the medical inspection and treatment of pupils attending secondary schools in the Barking, Leyton and Walthamstow Boroughs are carried out on behalf of the County Education Committee by the school medical staff employed by these Part III Education Authorities continues, and is giving every satisfaction. It is hoped to commence shortly an arrangement on similar lines with Ilford Borough in connection with the pupils attending the Ilford Secondary Schools.

I wish to take this opportunity of again expressing my sincere thanks to the Chairman and Members of the Education Committee and the School Medical Committee for their kindly advice and assistance during the year. My thanks are also due to the Chief Education Officer, Head Teachers, Clerks to District Education Sub-Committees, as well as to the Medical, Dental, Nursing and Clerical Staffs for their valuable co-operation and assistance.

I particularly desire to thank the Deputy County Medical Officer, Dr. T. P. Puddicombe, for compiling this report and for his help throughout the year.

W. A. BULLOUGH,
School Medical Officer.

PUBLIC HEALTH DEPARTMENT,
COUNTY HALL,
CHELMSFORD.

July, 1939.

ESSEX EDUCATION COMMITTEE.

ANNUAL REPORT OF THE SCHOOL MEDICAL OFFICER FOR THE YEAR 1938.

1. Area, Population and Staff.

(a) *Area and Population.*

The population of the Geographical County of Essex, according to the Registrar-General's estimate at mid-year, 1937, was 1,905,700, allocated as follows :—

(1) Administrative County Area, within which the Essex County Council is responsible for :—

(a) Elementary (and also Higher) Education	..	792,960
(b) Higher Education only	584,740

(2) County Boroughs	528,000
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The Registrar-General's estimated population for 1938 is not yet available.

In area (1) (a) the number of elementary schools has increased from 462 in 1937 to 463 (225 Non-Provided and 238 Council) in 1938. The Council Schools include two Special Day Schools for the Mentally Defective (accommodation 180), one Open Air School (accommodation 60), Special Classes for the Physically Defective (accommodation 165), and one Special Sight Saving Class (accommodation 20). There are 556 departments, with an average number of 105,025 scholars on books and an average attendance of 92,077, and twelve Secondary Schools with accommodation for 4,930 pupils.

Area (1) (b) contains 10 Secondary Schools with accommodation for 4,602 pupils and 4 Technical and Art Schools with 2,143 pupils on books.

In the Administrative County there are also 11 aided (including 7 deficiency aided) Secondary Schools, with a total number on books of 4,030 pupils, and a further 9 recognised Secondary Schools with 2,152 pupils on books. Routine Medical Inspections are now carried out at six deficiency aided schools and at Ilford Ursuline High School (aided).

(b) *Staff, etc.*

Changes in the Medical, Dental and Nursing Staffs during 1938 were as follows :—

Ophthalmic Surgeons.

Appointments. Young, J. H., McLatchy, R. S. (part time).

School Medical Inspectors.

- (a) *Appointments.* Campbell, Miss R. M., Crosby, J. H., Huss, C. B., Irwin, D. H., Jones, Miss E., Lowe, Miss G., Shortt, C. J. de V. (temporary).
- (b) *Resignations.* Campbell, Miss M. L., Gardiner, Mrs. A., Graham, A. R., Gray, R. D.

Dental Surgeons.

- (a) *Appointments.* Black, T. W. J., Chamberlain, F. R., Millar, T. D. H.
- (b) *Resignations.* James, N. A., Millar, T. D. H.

School Nurses.

- (a) *Appointments.* :—

(*Health Visitors*). Coates, Miss A., Fulford, Miss V., Sullivan, Miss R. L. D., Hay, Miss E. J. (formerly probationer), Low, Miss L. (probationer).

(*School Nurses*). Brimblecombe, Mrs. A. C., Harwood, Miss N. C., Rainey, Miss H. M.

Miss G. M. White (Health Visitor) was appointed Chief Assistant Health Nurse.

- (b) *Resignations* :—

(*Health Visitors*). Miss E. A. Davieson (Chief Assistant Health Nurse), Anderson, Miss J. A., Candler, Miss E. M., Faweett, Mrs. E. H., Wenborn, Miss J. K.

(*School Nurse*). Charles, Miss J.

Dental Attendants.

- (a) *Appointments.* Bowman, Miss M. H., Lewis, Miss K. V., Niece, Miss E. K., Stratford, Miss M. R.
- (b) *Resignations.* Brown, Miss M., Dunean, Miss J. I. G., Gall, Miss E. E., Jones, Miss E.

Orthopædic Masseuses.

- (a) *Appointment.* Parsons, Miss F. E.
- (b) *Resignation.* Hayden, Miss M.

2. Co-ordination of Health Work.*(a) Medical Services.*

General co-operation between the different branches of the County Medical and Health Services has continued to the advantage of the patients and the general health services of the County.

The County Combined Treatment Centres (a gradually increasing service) have again been available both for the treatment of the school and pre-school child in regard to minor ailments and dental conditions. Further, arrangements have

continued whereby certain autonomous Child Welfare Authorities may by payment make use of the Specialists' Services provided at these centres for cases for which these Authorities are responsible.

Mention was made in the report for 1937 that an arrangement had been made for the routine examination and treatment of pupils in attendance at Secondary and Technical Schools in certain Part III Education Areas to be carried out on behalf of the County Committee by the Medical Staffs of the Local Education Authorities. More details of this will be set out under paragraph 16 of this report.

During 1938 the equivalent of 16.87 Medical Officers' whole-time service was available as compared with the equivalent of 14.5 for 1937.

(b) *Nursing Services.*

The policy of having a combined service of Health Visitors and School Nurses in the major part of the County was continued; School Nurses only being appointed in two areas where the Maternity and Child Welfare Service is catered for by the Local Authority. The general supervision of the nursing service is maintained through the Chief Health Nurse and her two Assistants.

That the practice of a combined service is the correct one and especially so for rural areas must be apparent to all, as it saves the time of the officials and is less likely to create friction with the parents.

At the end of the year there was a staff of 52 Health Visitors who also rendered service as School Nurses, together with an additional 9 Health Visitors under the combined service with the Thurrock Urban District Council, who also carried out school duties under the County Authority, and 10 whole-time School Nurses (Dagenham 8, Romford 2), making a total equivalent of $32\frac{1}{2}$ whole-time School Nurses.

The appointment of one whole-time lady clerk-typist for duty at certain of the larger Combined Treatment Centres has proved of great assistance. As a result, the School Nurses are relieved of clerical duties and their services made more readily available for actual nursing duties. This is a practice which should be encouraged in the future.

(c) *Maternity and Child Welfare Centres.*

The Committee's policy of gradual extension of this service as the need arises has continued, resulting in five new Centres being established during the year, viz., Bowers Gifford, Bulmer, Hornechurch (Abbs Cross Combined Treatment Centre), Roxwell and St. Osyth, bringing the total number of Child Welfare Centres at the end of the year to 111.

The number of Women's Welfare Centres is eight. Ante-natal clinics have increased by five, viz., at Dunmow, East Hanningfield, Harold Wood, Hornechurch (Second Centre) and Rainham, making a total of 27. The Child Welfare and Ante-Natal Clinics in the case of 102 Centres are under the supervision and direction of Assistant County Medical Officers. In the remaining 36, private Medical Practitioners are in attendance.

(d) *Care of Delicate Children under School Age.*

Every encouragement is given for the attendance of the pre-school child at Minor Ailment Clinics for examination, any necessary advice or minor treatments; and actual Toddlers' Sessions have been instituted at 14 Child Welfare Centres. The Specialist Medical Services of the County are also available for the pre-school child.

3. School Hygiene.

(a) *General.*

In these reports it has been customary to make some general remarks under this heading with a view to showing what is desirable and assisting those who are encouraging the teaching and practising of hygiene in the schools.

The school child, and more especially so the scholars of the senior schools, should be very receptive soil in which to implant the seeds and practice of hygienic and healthy living habits.

In order, however, to reap full benefit of the lessons to be learned and practised on this subject, every phase of the school life must add its quota, and this includes the staff, the scholars, the buildings and the surroundings.

Take, for instance, the cleanliness and tidiness of the class rooms, buildings and surroundings. Many will say this is the province of the caretaker. This, to a certain extent, is true, but, unless the teachers and parents inculcate a spirit of cleanliness and tidiness in the scholars and see that this is practised, no school surroundings can be efficiently kept clear of unwanted and unnecessary waste material.

It is essential that the spirit of cleanliness should also be carried into the streets outside the playground, in order to avoid the untidiness so prevalent to-day, through the thoughtless members of the populace throwing waste material anywhere and everywhere.

4. Medical Inspections.

The statistical analysis of the results of the year's work is set out in tabular form at the end of this report.

(a) *Groups Inspected.*

Inspections have continued of the three Statutory Routine Groups, viz., Entrants, Intermediates and Leavers, together with re-examinations and special examinations.

Table I A records that 44,229 children were examined at Routine Inspections, a drop of 2,179 on the previous year. On the other hand, I B shows that the number of re-inspections (50,923) was in excess by some 14,000, and this figure is no doubt enlarged by the increased clinic facilities.

(b) *Holding of School Medical Inspections off the School Premises.*

It was found necessary or convenient to hold the inspections off the school premises in the case of 10 schools.

In the newer schools the facilities for the holding of inspections have greatly improved, but until Education Authorities realize that ample and suitable accommodation is necessary in order to conduct efficiently a medical inspection on the school premises, so long must the Medical and Nursing Staffs work under great inconvenience to themselves and the children and their parents whom they serve.

(b) *Premises.*

Six new schools were opened during the year, viz. :—

Braintree Council Senior
 Chigwell Loughton Council Senior
 Canvey Council Junior and Infants
 Hornechurch Ayloff Council Junior and Infants
 Hornechurch-Harold Wood Redden Court Council Senior
 Witham Chipping Hill Temporary Council Infants

Five schools were closed as follows :—

Borley Council
 Braintree and Bocking Central
 Wendon Lofts C.E.
 Mount Bures C.E.
 Salcott and Virley C.E.

5. Findings of School Medical Inspections.

(a) *General.*

Perusal of Table II A, which gives details and numbers of defects found at Routine and Special Inspections, will show that defects of vision, the nose and throat, and conditions of the skin, as usual, are large contributors to the list of defects.

Table III B classifies in groups under the headings requested by the Board of Education the nutrition of the children as assessed at routine examinations. It will be seen that 3.89 per cent. are classed as excellent, and 92.39 per cent. as normal, *i.e.* a total percentage of 96.28 are to be regarded as being satisfactory. This, compared with the figure of 98.15 per cent. for 1937 and 96.61 per cent. for 1936, does not show any great change and when we remember that the assessment of nutrition, as has been pointed out frequently in these reports, cannot be estimated by stabilised factors and is largely dependent on the experience and views of the particular assessor, there would not appear any need for apprehension that there has been any material decrease in the general nourishment of the school population.

In regard to those children below the satisfactory line, 3.54 per cent. were classified as slightly subnormal and 0.18 per cent. as bad, and under both headings the intermediate age group contributes the largest numbers. The most important

point to assure is that the subnormal are followed up with a view as far as possible to remedying their condition by extra nourishment, by suitable feeding and by eradication of any physical defect which is contributing to bad nourishment.

Table I C. indicates the number of individual children at routine inspections found to be in need of treatment (exclusive of nutritional defects, uncleanliness and dental defects). The percentage shown is 16.47, a slight increase upon last year's percentage of 15.99, and it is disquieting to note that the percentage is higher in the second and third age groups. This surely implies that increased vigilance must be given to following up any cases referred for treatment.

(b) *School Medical Inspectors' Reports.*

The following are comments extracted from these reports :—

(i) *Medical Inspections.*

“The great majority of the Head Teachers take a keen interest in the school medical work, and this is most helpful.”

“Increased medical assistance has enabled the routine inspections to be kept up-to-date.”

“Inspections have been carried out in school premises with the exception of two schools, where to meet the convenience of the Head Teachers the examinations were conducted at the Combined Treatment Centre.”

“Routine inspections have continued satisfactorily with the exception of the provision of suitable accommodation in certain schools. Particularly is waiting room accommodation for the parents desirable, as these frequently present themselves long before their appointed times.”

“Willingness to carry out treatment is more apparent each year, and the help of Head Teachers in this respect has been invaluable.”

“In some rural schools it has been difficult to arrange space and privacy for the inspections.”

“Refusals have been few.”

“Routine inspection of the present age groups has been satisfactory, “together with that of special cases brought forward by Head Teachers.”

“Parents’ attendances at inspections have improved and rarely is there a refusal of medical examination. Accommodation for the examinations is in many cases inadequate in schools in rapidly growing areas.”

“The majority of parents attend the inspections. This is satisfactory, as it is possible to explain the nature of any defect found and urge acceptance of treatment.”

“Attendance of parents at inspections is good. Allowance must always be made in country schools, where there is the question of distance. This

applies more particularly to Central Schools. These schools also complicate the question of following-up as the scholars live in different School Nurses' areas."

(ii) *Dental Treatment.*

"Much valuable work is now being done by the whole-time Dental Surgeons."

"Stoppings or fillings are still looked upon by some parents with distrust, as also is treatment of the primary teeth."

"It is also noted that the proportion of children who clean their teeth to those who do not varies at different schools. The larger number found at some schools is probably the result of school teaching rather than home influence."

"Parents now appear definitely interested in dental treatment."

"It is necessary that school dental inspections should be made regularly as we are constantly warning parents and children of the bad effects of carious teeth on the general health."

(iii) *Eye Clinics.*

"The acceptance of eye treatment has shown improvement following the attendance of whole-time Specialists at the Clinics."

"The parents appear to appreciate the services of the Ophthalmic Specialists."

"The Eye Clinics increase in popularity as the advantages to be gained are more widely understood."

(iv) *Tonsils and Adenoids.*

"Refusal of the removal of tonsils after a visit to the Throat Specialist is not very common."

"In my opinion there is no question that operative treatment for tonsils and adenoids is in many cases resorted to where more conservative methods would obviate the need for such procedure. I would urge the adoption of continued observation in many more cases. This, aided by the correction of faulty breathing habits by physical exercises where necessary and by the provision of free meals, milk, &c., in necessitous cases, would do much to improve the health of these children. Foods containing vitamins A and D are also beneficial."

"The response to advice for removal of tonsils and adenoids has been readier than in previous years, and parents are grateful to the Education Authority for arrangements made at the local Hospitals and are also impressed by the Throat Specialist's successful results and care of their children."

"The re-examination and observation of children after operations is persevered in and necessary."

“ In an investigation of an outbreak of diphtheria at one school it was noted that many of the children had enlarged tonsils of a shabby, cryptic type. Some parents seem averse to having operative treatment for this condition.”

(v) *Nutrition.*

“ Only a few children are found to be definitely suffering from malnutrition. Under-nourishment may be due to insufficient food, but is more usually the result of improper feeding, wrong habits, late hours or even departure from the normal physiological process of nutrition.”

“ The question of nutrition frequently does not depend on financial circumstances. It depends to a much greater extent than is generally recognised upon efficient home management and parental care.”

“ The Milk-in-Schools Scheme has been beneficial and improved the standard of health of the school child, more especially so in children who have a distance to travel to school.”

“ As the Milk Scheme has become more appreciated there is an increase in the consumption of milk.”

“ Subnormal nutrition has been met by free milk in school where necessary, and in some cases by free dinners.”

“ It would be a valuable service if some system could be devised whereby hot dinners were available for children who cannot get home to a cooked mid-day dinner.”

“ There is little evidence of malnutrition, but no progress has been made in the standardised definition of this condition. Until a general definite standard is agreed upon the individual assessment of various examiners is likely to show some discrepancy.”

“ The nutrition of entrants continues to show improvement. Subnormal nutrition appears frequently first to manifest itself between the ages of 9 to 12 years. This is probably due to insufficient sleep prevalent in this age group, and also to insufficient time spent at meals.”

“ The Milk-in-Schools Scheme has proved of immense value, and whilst not taken full advantage of, an increasing number are participating. Teachers are unanimous in their praises of the Scheme, and parents also are becoming keener. A number of children now join as a matter of course, and to their benefit.”

“ From time to time, as occasion required, any child who showed evidence or signs of under-nourishment was recommended without delay for free meals or milk.”

“ The general health of the children in this district is good and nutrition well up to the average.”

“ The scheme for the supply of Milk and Cod Liver Oil and Malt is very beneficial and more school children are taking advantage of it. There has been unfortunately more unemployment in the area and a consequent

marked increase in the number of necessitous children requiring free meals.

“In regard to the Milk-in-Schools Scheme, I find that many children, and frequently the ones who are most in need of milk, are unable to take it even when heated. For these I suggest the use of concentrated fruit juices,—a few drops added to the milk is all that is necessary.”

“On several occasions during the year in the course of routine medical inspections or at the request of Head Teachers, the general health of the scholars in regard to nutrition comes under observation. In necessitous cases free meals, milk, &c., were ordered and in those cases where parents were able to afford to pay for the extra nourishment, the desirability of providing this nourishment for their children was urged upon them.”

“The scheme for the provision of milk, meals, &c., in schools has now become so general that it is part of ordinary routine school life. It provides a very necessary adjunct to education for it has long been recognised that education goes hand in hand with a satisfied stomach.”

“It would be of considerable help to the children if School Medical Inspectors were empowered to order free milk, meals, &c., on prophylactic grounds in many cases rather than on the present medical grounds.”

“Cases of malnutrition are few, and bad cases are definitely rare and should become less as arrangements for the provision of dinners at additional schools are made.”

“The health and physique of the children appears to be steadily improving and more attention is being paid to posture and physical exercises.”

“In regard to the provision of Milk and Cod Liver Oil and Malt, I should welcome a scheme whereby these could be provided during the school holidays.”

(vi) *Orthopædics.*

“The Orthopædic Scheme has undoubtedly been of great advantage to children with crippling defects.”

“Deformities discovered are few, but incipient flat feet and slight degrees of scoliosis are prevalent. A greater degree of supervision is required to insure that the children practise at home the exercises advised by the Orthopædic Masseuses.”

(vii) *Minor Ailments.*

“The provision of extra Clinics has rendered better facilities for minor ailment treatment. There has been an increase of attendances at the Clinics.”

“These Clinics continue to function satisfactorily, but at certain periods the Clinics tend to become over-crowded.”

“Seabies and impetigo continue to require our services.”

“ The attendances at these Clinics continue to be numerous and many mothers willingly bring their children for examination and advice.”

(viii) *Ear Conditions.*

“ Cases of Otorrhæa have shown marked improvement and the number of cases steadily diminishes, largely the result of advice being sought more quickly and intensive treatment being commenced sooner.”

“ Ear disease and deafness do not appear to be very prevalent.”

“ It is advisable that Inspection Clinics for the Specialists should be held as far as possible in the mornings.”

(ix) *Co-operation in School Medical Work.*

“ In my initiation in this work I have been favourably impressed by the assistance and co-operation so readily given by the teaching staff.”

“ Acceptances of treatment are in a great measure due to the persistent following-up by the Nurses.”

“ The co-operation of the mothers is very good, but I find the children in most cases keep very late hours and do not get sufficient sleep.”

“ The kindness and co-operation shown by all Head Teachers and staff is much appreciated.”

“ There is an increasing percentage of parents willing to agree to treatment for defects found.”

“ One Medical Inspector remarks that senior scholars who are conveyed by special bus to school do not show the same good stance and bearing as the juniors and infants who walk or cycle to school.”

(x) *General.*

“ Close co-operation exists between the Head Teachers and the Medical Staff.”

“ It would simplify matters if all Head Teachers would arrange for the medical schedule to be provided for every child immediately on admission to school.”

“ The inauguration of supervision centres for sub-acute rheumatic conditions is most desirable, as is also a Child Guidance Clinic.”

“ A number of school functions have been attended during the year and these have proved very helpful in making more intimate contact with teachers, parents and children.”

“ Minor postural defects are frequent. These may be overcome by inspection and physical training under the Physical Training Organiser.

“ More use should be made of rest couches for the young children who come a long distance to school, to provide an afternoon rest.”

“ Convalescent treatment when advised is generally appreciated for the child of a large family : not so with the “ only child,” who needs it because, as his mother says, ‘ he is so nervous.’”

One Medical Inspector regrets the absence of facilities for Ultra-Violet Light and Radiant Heat Baths for certain selected children.

“The standard of cleanliness is good.”

“In regard to the discipline of children at the present time, there is much pseudo-psychology about. Parents are exhorted to allow children to “express themselves” and some teachers attempt to carry this out. Too often undesirable traits are allowed to develop unhampered, children being allowed to do as they please and get all their own way without any regard or consideration for the rights and feelings of others. This disposes to the manifestation of the individual and the development of egotism. Undue repression is admittedly bad, but undue expression is just as bad, or worse. A sense of discipline and obligation to others should be inculcated early in life and children should learn that they will not get all their own way and be allowed to do as they please when they grow up. It is surely better for them and the world that they should learn this early rather than late in life.”

“A number of children have received periods of stay at Convalescent Homes with benefit. A few have returned too soon,—the majority require a stay of not less than three months to derive full benefit. When improvement has not been maintained on return home, the main cause is, in my opinion, want of sufficient sleep, and irregular and unsuitable meals.”

“Few children appear to go to bed at the proper time. Parents do not or will not realise the importance of sufficient sleep for their children.”

“The employment of school children appears to be on the increase and I am of opinion that school children should not be employed unless such employment is confined to Saturday mornings.”

6. Following Up.

The School Nurses have continued to be the main agents in following up any cases referred for treatment and in this they have the assistance of the District Nurse-Midwives. Too much stress cannot be laid on the importance of this work, as the object of the School Medical Service is first of all to endeavour to prevent physical disease and secondly to endeavour to see that any disease already contracted shall receive the required treatment. In some cases continued visits are required to the homes in order to persuade parents to obtain or continue treatment until the condition is remedied or cured.

During 1938 a total of 34,885 visits were made to the homes by the School Nurses and 6,344 visits by the District Nurse-Midwives.

7. Medical Treatment.

(a) *Minor Ailment Clinics.*

During 1938 five new premises have been opened as Combined Treatment Centres, viz., Canvey Island, Rayleigh, Billericay, Hornchurch (Abbs Cross) and Burnham-on-Crouch, making a total of forty-one Minor Ailment Clinics in the

County, at which 23,430 individual children made 63,915 attendances. The Minor Ailment Clinic, Romford, has been transferred from the Oldchurch County Hospital to 21, Eastern Road, Romford.

The pressure on the Minor Ailment Clinics in Dagenham has been very heavy and it was hoped that a clinic might have been provided in North Dagenham during the year. Inquiries are still, however, being made for temporary premises in this area, pending the solution by a permanent building which is unlikely to mature until 1940.

(b) *Treatment of Tonsils and Adenoids.*

Table IV, Group III, shows that 4,141 children, or nearly 200 more than the previous year, received treatment for these conditions and of this number 1,744 received operative treatment, including 1,689 under the Authorities' Scheme.

In spite of the increase in the number of operations, there are still arrears, as all the hospitals have long waiting lists and unfortunately there appears little likelihood at present of this difficulty being overcome.

(c) *Tuberculosis.*

There has been no change in the services available for the diagnosis and treatment of these conditions and interchange of views between the School and County Tuberculosis Medical Staff.

During 1938, 206 children (boys 129, girls 77), from the County Education Area have participated in periods of sanatorium treatment, as follows :—

	Boys.	Girls.	Total.
Pulmonary conditions	17	19	36
Non-Pulmonary conditions	77	45	122
Observation cases	35	13	48
	129	77	206

(d) *Skin Conditions.*

It is pleasing to report a decrease in the number of those troublesome conditions of the skin, Impetigo, Scabies and Ringworm. All of these conditions are most difficult to deal with if allowed to persist for any length of time, but easy to eradicate if a careful watch is kept by the parent and the condition immediately treated on its inception.

(e) *External Eye Disease.*

1,119 children are recorded as having received treatment under this heading.

(f) *Vision.*

Table IV, Group II, shows that 5,512 children received treatment, an increase of 742 on the figure of the previous year.

Glasses were prescribed for 3,777 children and 3,321 are reported to have obtained them. This indicates that there is still some following up necessary.

As portended in last year's report, all refraction work and examination and treatment of eye conditions are now carried out at the different clinics by a staff of ophthalmic specialists, consisting of two full-time and one part-time, as follows :—

Mr. G. A. Jamieson, M.B., B.S., D.O.M.S., D.L.O., who commenced duty the previous year as whole-time Ophthalmic Specialist.

Mr. J. H. Young, M.B., B.S., D.O.M.S., whole-time Assistant Ophthalmic Specialist, commenced duty 1st June, 1938.

Mr. R. S. McLatchy, M.R.C.S., L.R.C.P., part-time (2 Sessions per week) Assistant Ophthalmic Specialist, commenced duty 25th April, 1938.

The services of Mr. T. Collyer Summers, F.R.C.S., continue to be available for especially referred cases at the Oldehurch County Hospital, Romford.

These officers also carry out examinations for certification under the Blind Persons Act.

The following is a short report from Mr. Jamieson on the work for the year 1938 :—

The greatest advance that has been effected in the Ophthalmic Service of the County during the past twelve months has been that as a result of the appointment of an Assistant whole-time Ophthalmic Surgeon and a part-time Surgeon for two sessions a week, it has become possible to arrange that all the refraction work is now performed by practitioners with special experience in all branches of Ophthalmology. Moreover, we are particularly fortunate in that each member of the Ophthalmic Staff holds an appointment at one of the London hospitals, so that the school ophthalmic service becomes linked up with the facilities for investigation and treatment provided by the large voluntary Hospitals. These services, together with the Ophthalmic Department of the Oldehurch County Hospital, in charge of the County Council Consultant Ophthalmologist, Mr. T. Collyer Summers, ensure that facilities will never be lacking for the medical and surgical treatment of Ophthalmic cases requiring hospitalisation.

The need still urgently exists, however, for well equipped centres in the Extra-Metropolitan districts of the County to obviate the difficulties associated with the transport of patients and their parents long distances to hospitals in London for investigation. Such Centres are particularly necessary in Chelmsford and Colechester.

The Problem of Squint.

A recent survey of the records of 4,679 cases attending the Ophthalmic Clinics has shown that, of these, 448 were referred on account of a squint, and a total of 626 suffered from Amblyopia of one eye, a condition in which the sight has grossly deteriorated following the disuse of the squinting eye.

As these figures are representative of considerably less than 50 per cent. of the total records of the County, it is reasonable to suppose that in Essex there are at any one time some 1,000 school children suffering from a squint. Unfortunately squinting in children is all too frequently regarded in the lay mind with considerably less concern than that the condition deserves.

The disabilities arising therefrom are manifold and serious.

In the first place the squinting eye will almost invariably become amblyopic through disuse, and although such a condition will not debar the subject from earning a useful living in many capacities, he cannot be accepted for any occupation in which normal standard of visual acuity in each eye is required, such as the Services, the Mercantile Marine and many of the occupations associated with public transport. Moreover, although unfortunately there are no regulations to prevent him driving a motor vehicle for private use or even a transport lorry, he remains a potential and probably a potent danger to himself and to others. For not only is he handicapped by a loss of visual acuity in one eye; he also lacks the finer visual judgments of spatial relationships, perception of distance and depth associated with stereoscopic vision.

Secondly, the cosmetic defect is such as to offer a very serious barrier to his social and economic advancement.

Thirdly, predisposed to industrial and other accidents by his visual disability as he is, he runs the greater risk of losing the sight of his remaining eye, probably to become a burden upon the community for the remainder of his days.

For these reasons the treatment of squint deserves serious consideration, and as it is a disease invariably first to become manifest in pre-school and school years, and furthermore as it is relatively and absolutely more frequent in the children of the less well-to-do, it is essentially the function of the school medical service to provide facilities for treatment.

The treatment of squint involves one or more of three processes:—

- (i) The provision of correcting spectacles.
- (ii) Orthoptic training, *i.e.*, to re-educate the amblyopic eye and to recover binocular and if possible stereoscopic vision.
- (iii) Operative treatment, either as an adjunct to one or both of the former, or, when the amblyopia is hopelessly established, to correct the cosmetic disability.

The importance of the first method we are continually stressing in our efforts to ascertain afflicted infants at the earliest possible age, the last is assuming increasing importance in the Ophthalmic Department of Oldchurch County Hospital, where in the past twelve months 35 children have been operated on for squint with conspicuous cosmetic success. Unfortunately we lack the facilities for providing the essential link between

the two for, without adequate orthoptics, operative treatment can have no useful result in improving the vision of the affected eye. Furthermore, a certain percentage of cure can be expected from orthoptics alone, and operative treatment may thereby occasionally be obviated.

The Chief Medical Officer for the Board of Education in his report for 1937, devotes a chapter to the treatment of squint, and mentions therein that 50 Local Authorities have already effected schemes for orthoptic treatment. It is to be hoped that in the near future it will become possible to establish an Orthoptic Clinic to serve at least the Metropolitan area of Essex.

Ophthalmic Supervision of the Secondary School Child.

It is of considerable interest that the type of ophthalmic defect most frequently encountered in the Secondary School child is Myopia or short-sight, in sharp contrast to the relatively high proportion of hypermetropia or long sight in elementary school children. Indeed, one can say with some degree of certainty that the highly long-sighted child will not attain the necessary educational standard to secure his entry to the secondary school, whereas the moderately near-sighted child would appear to have an enhanced chance of success in an academic career.

That this should be so is probably due to two factors ; firstly, that a high degree of long sightedness is frequently associated with a less well developed cerebral capacity than the normal ; and secondly, that the near-sighted child is at a disadvantage in out-door recreations and tends to devote a greater proportion of his time to reading.

As nearsightedness is a progressive disease of the eye that requires constant and careful supervision of ocular hygiene, the regular examination and refraction of secondary school children become of particular importance.

It is to be hoped that as the ophthalmic facilities available become more widely popularised and better known, they will be more generally utilised for the examination and refraction of secondary school children, and that we shall not look in vain for the complete co-operation of secondary school authorities who, not without reason from their point of view, deplore the partial interference with school routine sometimes necessitated by the preparatory use of atropine ointment.

Education of the Partially-Sighted.

Essex, by comparison with many other Local Authorities, has been lamentably behind-hand in the provision of sight-saving classes for the partially-sighted child. There are many highly myopic children, and children with other complaints associated with gross and permanent deterioration of vision, who are deriving but little benefit from such education as they can with difficulty and dangerously acquire from the normal elementary schools and who are eminently suitable for education along partially-

sighted lines. It is to be hoped that the long promised special class for these children will shortly be established in Dagenham.

Phlyctenular Ulceration.

The incidence of phlyctenular corneal ulceration, particularly in the urban districts of the County, remains a sad indictment of the poor housing conditions and malnutrition that yet obtain amongst the untutored poor. The spectacular improvement that invariably follows a prolonged period of treatment in the L.C.C. school at Swanley, and the all too frequent relapses on returning to home conditions are sufficient proof of the aggravating if not the causal factors of this distressing complaint.

Blepharo Conjunctivitis.

Very considerable success has followed the long continued course of treatment recently initiated and now carried out in most of our clinics. Many long-standing and disfiguring cases have been appreciably improved and the more recent conditions have been in many instances completely cured.

In this connection it would be advantageous to provide in certain central clinics the simple ophthalmic equipment necessary for carrying out minor surgical procedures on external ocular conditions.

(g) *Minor Ear Defects.*

Table IV, Group I, shows 1,371 children as having received treatment.

Mr. C. Hamblen Thomas, F.R.C.S., has continued to hold clinics at intervals in various parts of the County to examine and give advice in ear, nose and throat conditions. In addition, certain cases have been sent for examination at his weekly session at the Oldehurch County Hospital, Romford. A total of 262 children have been examined and the following summarises the main conditions found :—

Otitis media and otorrhoea	..	..	110
Deaf or partial deafness	..	..	2
Defective hearing caused by :—			
Adenoids and enlarged tonsils	..	..	39
Eustachian blockage	..	..	39
Chronic rhinitis and nasal blockage	..	..	25
Perforation of drum and otorrhoea	..	..	14
Polypus	..	..	1
Wax	..	..	6
Deflected septum	..	..	4
Epistaxis	..	..	8
Sinusitis frontal	..	..	3
Discharging sinus	..	..	4
Antrum disease	..	..	1
Speech defect	..	..	2
Mastoid	..	..	4

Treatment was advised as follows :—

Removal of tonsils and adenoids	105
Ditto—Plus treatment of ears by syringing and insufflation	19
Local ear treatment as above	59
Politzerising	29
Local treatment for rhinitis, &c.	26
Operative treatment for mastoid and middle ear disease	2
Referred to hospital for X-Ray or further examin- ation	13
Speech training	2
Cauterization	1
Observation	3
No treatment required	3
	<hr/>
	262
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The following are results ascertained from enquiries made and reports received :—

Satisfactory	23
Cured	10
Improved and still under treatment	15
Still under treatment	45
To Convalescent School	2
Tonsils and adenoids removed	44
Ditto—But still under treatment	13
Awaiting operation	21
Showing no improvement	2
Awaiting re-examination	16
Left school or district	5
Under own doctor	45
Refuse treatment	16
Private treatment at Hospital	5
	<hr/>
	262
	<hr/>

The more that clinic facilities become available the better will be the treatment facilities for these conditions.

(h) *Dental Treatment.*

Table V gives detail in figures of the extent of the work carried out for the Elementary School children.

The Service has made progress during the year and, although the number of inspections were slightly less than for the previous year, there were over 4,000 more children actually treated and a large increase in fillings.

The following is a report of Mr. S. K. Donaldson, Senior Dental Officer, on the work carried out :—

Staff.

The Committee's policy of building up an efficient full-time service continues to prove its worth and the whole County is now served by a full-time dental staff. Greater facilities for treatment create a greater demand for treatment.

Increased treatment provides for the children concerned a more healthy outlook in life and consequently greater ability to derive full benefit from the education offered, but much work has still to be done before any mass improvement can be expected.

During the year the staff was again further strengthened by the addition of one full-time Officer and Attendant, bringing the total number of each up to 16. The work has again been disorganised (due to the resignation of four full-time Officers), and the unfortunate outbreak of anterior poliomyelitis brought dental treatment to a standstill in the affected areas. Where the staff is large one expects certain changes, and in three instances of resignation increased remuneration is the cause. This would appear to be reasonable, but the frequent notices of vacancies in the advertisement columns probably leads the uninformed to consider that conditions in this County are not all they should be.

I must repeat my statement of the past two years that the conditions found in the new age groups would involve a tremendous amount of work. It will be noticed that attendances increased by 8,715 over the previous year, and one must not lose sight of the fact that in dealing with older age groups the work takes much longer time, which will of necessity considerably overload districts which at present appear to be working comfortably.

Once again the success of the scheme is proved by the necessity of dividing two over-loaded districts to create two new districts. For the purpose of serving these districts two new full-time Officers and Attendants will be appointed during 1939. At the same time, I would reiterate my remarks of last year by pointing out that this state of affairs becomes more acute each year, and further expansion of the service is still indicated, which however, at the moment, must be guided by caution and lack of treatment accommodation.

Inspection and Treatment.

The general scheme of inspections and treatment of elementary schools is similar to that of previous years. Details of the work carried out in 1938 are given in Table V on page 51. It is interesting to compare these results with those for the year 1937.

Sessions devoted to inspections in 1937, 548 ; in 1938, 552.

Sessions devoted to treatment in 1937, 4,233 ; in 1938, 5,218.

Inspections of elementary children (62,932), show a decrease of 774, and the number of specials (3,126), is again nearly double.

It will be noticed that even with increase of Staff, only four more sessions were devoted to inspection. This would at first appear disappointing until it is realised that 985 more sessions were devoted to actual treatment, which is very satisfactory.

The actual number of children inspected at routine dental inspections has decreased by 2,287, but the specials or casuals presented from various sources are again nearly double (3,126) which makes the net decrease only 774.

During the year, of the total number of children inspected, 66.33 per cent. were found to require treatment, which shows a slight decrease in the incidence of caries, and this is, I trust, the commencement of a regular decrease. Of these, 24,799 or 59.4 per cent. were actually treated. This now turns the decrease of the past two years into an increase, and reflects credit on the perseverance of the staff.

Fillings have increased considerably (26,465, an increase of 4,227), and the extraction of teeth under the administration of N₂O very considerably (50,507, an increase of 7,217), and 22,140 administrations of N₂O, an increase of 5,923. To complete this work, 43,424 attendances had to be made by children as against 34,709 for the year 1937.

From the foregoing figures it will readily be seen that there is still a tremendous amount of work to be done, and there will be for many years, as these figures are only based on a 59 per cent. acceptance.

There is still much to be done in breaking down the aversion on the part of the patient to have fillings, but it is pleasing to note the proportion of fillings in permanent teeth to extractions, approximately 2.4 to 1. This again reflects much credit on the staff in their efforts to stimulate acceptance of complete treatment, and shows that the best of all methods of propaganda is the performance of sound work and patience.

Other operations, 3,866, sum up various activities, which may mean dressings, silver nitrate treatment or orthodontic work. All are valuable treatment, taking up a proportion of an Officer's time, and although grouped under a general heading, still deserving of honourable mention.

I reported last year the ever-increasing request and response to treatment on the part of Secondary School children making an increasing demand on the time of the School Dental Officer. The ability to continue treatment commenced in the elementary schools is valuable both from the point of view of the patient and the Dental Officer. Secondary School life is a critical time in the health of the scholar's mouth, and a scheme should be considered for at least a bi-annual inspection of children who accepted complete treatment during their elementary schooling and whose teeth have been observed during that period to be not very resistant to caries. Valuable work commenced should not be wasted for want of rather longer and more active supervision of these deserving cases.

It is now opportune to give a brief analysis of the work carried out during 1938 for that department of school life :—

Inspections (Sessions—52).

Treatment (Sessions—579).

Total number of children inspected—7,387.

Number found to require treatment—5,196. 70 per cent.

Total number treated—2,546. 49 per cent.

Actual attendances—5,065.

If these figures are added to the results of inspections and treatment of elementary school children, it will readily be seen that what in some instances appears as a poor increase and return for extra staff is in reality a very considerable rise in output. In considering these figures relating to Secondary School children, one must admit that 70 per cent. in need of treatment and only 49 per cent. accepting is very disappointing, but allowance must be made for the number who declare that treatment will be obtained privately. I am inclined to be sceptical in many of these cases, and propose that for the purpose of ascertainment, and to stimulate dental mindedness in these cases, Dental Officers should re-inspect those so declaring two months later.

Another factor is the number not previously treated by inspection and treatment due to previous shortage of staff, and who have consequently not become tooth conscious. I think in these days of scholarships to higher education it should be made a condition of admission that certificates of dental health be furnished.

Malnutrition of teeth and all subjects pertaining to the teeth are constantly being investigated by the staff, but of course much of the investigation can be only theoretical and must also play a very subservient part to our primary duty, *i.e.*, inspection and treatment of defects.

Mottled Teeth.

There is still nothing further to report on this subject.

Dental Van.

This continues to serve the rural areas in the north-west part of the County and where difficulty in securing suitable premises is often experienced will continue to improve in usefulness. The Dental Officer speaks highly of the Van Surgery for treating eases and also of the continuance of enthusiasm and eagerness of children to be treated in it. The following is an extract from the report of the Dental Officer in charge :—

“ To my mind, from the point of view of dental work, it is a complete success. It has meant that children have been treated under ideal conditions with the minimum disarrangement of their school curriculum. Its novelty has meant a considerable amount of interest being taken in school dental treatment.”

The function of the Van is mainly to facilitate treatment in rural areas. Its use is advised in the more distant areas in the summer, gradually drawing nearer to Headquarters as winter approaches; this will decrease during the winter its journeys and enable the Officer to treat in more substantial premises.

Due to arrears of work in the area the Dental Officer has departed from the intended routine as described above, and has continued using the Van throughout the winter. The past winter has put the Van to a very severe test, from which, it is not too much to say, it has emerged very creditably. I think it might with advantage be given a coat of paint on the roof now.

General Policy.

The advantage of early dental treatment cannot be too vigorously stressed. From a general point of view, the removal of sepsis from the commencement of the alimentary tract needs no comment. From a purely dental point of view, early treatment has a wide bearing on future dental fitness and is of great value in determining the reaction of a child to later treatment, by early association with the Dental Clinic. This is of great importance, but not more so than the necessity of endeavouring to keep the temporary dentition in a healthy condition until the primary teeth are due to erupt.

To reduce this incidence of caries and the tremendous work it entails, it is necessary to have children under dental supervision before they start school. It is therefore proposed to increase facilities for treatment of the pre-school child, which, in addition to being beneficial to the child, will in no small way be an economy to the Education Authority, whose care they ultimately become, since early treatment will reduce the work to be done at school entrance age.

The proposed scheme is to see these children twice a year, one of which inspections would be at a dental clinic which is being held in the same building or at the same time as the Welfare Centre, and the second, in the case of children who have brothers and sisters of school age, at the annual school dental inspection.

Propaganda.

Dental propaganda has continued at all the Health Exhibitions promoted by the County Council, whilst talks to the children at inspections and at the chairside are a daily feature of the work. Another method is the weekly consultation session which is now held at the conclusion of a regular Clinic. At these, casals found at School Medical Inspections, or cases who have toothache attend with their parents for classification, and it is amazing in how many instances explanation by a Dental Officer wins the parent over to complete treatment.

During the period 24-10-38—11-11-38, Dental Board demonstrations were again held in the County at Dagenham, Romford, Brentwood and Tilbury. In all, 43 sessions were devoted to the work, and approximately 5,000 children of the higher age groups attended. The lectures were again intelligently received, and the acceptance rate improved, but was not maintained, due, I think, to the fact that regular demonstrations over a period are very necessary. More demonstrations are being arranged for 1939.

The aim is, of course, to stimulate interest and so increase the rate of acceptance of treatment. This is certainly taking place and a new form of propaganda is now being carried out. During the second half of 1938 parents were invited to attend dental inspections. Of course, in schools where accommodation is not good, this has not always been carried out. The result of these inspections has shown that parents appreciate this personal contact, and at many inspections the acceptance rate has doubled, and interference of school routine has been negligible.

Orthodontia.

While dentistry for the school population is still primarily curative, it is realised that prophylaxis or prevention must continue to play an ever-increasing part in the scheme. The correction of mal-placed teeth and replacement of lost incisor teeth by dentures continue to demand more attention at the hands of the Dental Officer. In the former, apart from resultant caries due to crowding, &c., the psychological reaction of a child due to gross irregularities of teeth is tremendous, and must in many cases exert a considerable deterrent force in choice of occupation and ultimate success in life of the child so affected. The public are becoming more alive to this, and requests at Clinics are increasing each year. I propose to organise a scheme this year to make this treatment more general, since treatment of these defects as early as possible is the duty of an efficient Dental Scheme.

X-Ray Examination.

Increasing use has been made of this service to assist in diagnosing obscure cases, with good results, but increased facilities would be welcome, as often it is impossible for parents to travel the distance required.

Clinic Accommodation.

This continues to improve and the new centres are decidedly much better in design and equipment. New centres have become available for dental treatment at Canvey, Rayleigh, Burnham, Hornechurch, Abbs Cross and Billericay and allow dental work to be carried on under proper conditions.

At the same time, accommodation has been found in Whalebone School, Dagenham, to permit of fillings being carried out in that very populous area.

Treatment of Other than School Children.

Treatment of Maternity and Child Welfare cases continues to increase, and one session per week is now to be devoted by each Officer to this very valuable work throughout the County.

Throughout the year it has been my duty to scrutinise estimates for dental treatment provided for Public Assistance patients, and generally to keep a check on this ever-growing work. Increasing use has also been made of full-time staff for this work, thereby effecting considerable lessening of expenditure. A feature which must receive prominence is the exceptionally bad condition of the mouths of the patients.

Almost invariably it is a case for multiple extraction and the fitting of dentures and, whilst this is the last resource to produce a healthy mouth, it is nevertheless gratifying to note their improved appearance. I have also throughout the year acted as a medium between patient and dentist in cases of disagreements.

General.

My services have been available to the staff for consultation in cases presenting unusual clinical difficulties and, when possible, as *locum* at clinics in cases of illness, &c.

In presenting this report, I wish to thank the Dental Staff for their good work, and other members of the County Staff with whom we work in liaison.

(i) *Crippling Defects, etc.*

(a) *Tuberculosis.*

Reference to paragraph 7 (c) will show that 122 children, boys 77, girls 45, suffering from non-pulmonary conditions received periods of sanatorium treatment.

(b) *Dagenham Heathway Special School.*

The physically defective department of this school has again rendered invaluable service. The average number on the register was 132, admissions being 55 and discharges 43; the ages of admission ranged from 4 to 14 years.

Classification of condition on admission is as follows :—

Conditions of Heart	..	..	..	19
Conditions of Lungs	..	..	..	4
Post Surgical Tuberculosis	..	..	..	6
Non-Tubercular conditions of bones	..	..	..	5
Post Anterior Poliomyelitis	..	..	..	5
Congenital Deformities	..	..	..	3
Epilepsy	..	..	..	2
Nervous conditions	..	..	..	2
Debilitation	..	..	..	5
Others	..	..	..	4

Of the 43 who left, the following are the reasons given for leaving :—

Progress sufficient to allow to leave before attaining			
the age of 16 years	..	..	14
Left on attaining the age of 16 years	..	..	5
Removed from district	..	..	8
Returned to Public Elementary School		..	6
Transferred to Mentally Defective School		..	3
„ Other Institutions	..	..	4
Removed by parents	..	..	3
			—
			43
			—

At the end of the year there were in attendance 55 pupils (27 boys and 28 girls).

(c) *Orthopædics.*

The Orthopædic Scheme has continued with little change in the organisation and given every satisfaction, the only complaint being occasional delays in obtaining hospital treatment. The work of this service has had extra pressure in the last quarter of the year, due to the prevalence of infantile paralysis referred to in paragraph 8.

The Orthopædic Masseuses, viz., five (three whole-time and two part-time), have continued to conduct treatments under the advice of the Orthopædic Surgeon, Mr. B. Whitechurch Howell, F.R.C.S., at 22 centres. Occasional visits are paid to the homes to keep in contact with the parents and supervise the general orthopædic welfare of the patients.

Ascertainment Clinics have been arranged and held by the Orthopædic Surgeon, 63 sessions in all, as follows :—

Dagenham 10, Grays and Tilbury 6, Woodford 8, Romford 6, Brentwood 4, Braintree, Chelmsford, Clacton, Colchester, Halstead, Harwich, Maldon, 3 each. Epping, Saffron Walden, South Benfleet, Staunsted, 2 each ; the total number of children of school age attending these clinics being 1,424 (boys 755, girls 661), and of these 503 were cases seen for the first time (boys 272, girls 231). There were 921 re-examinations (boys 483, girls 438).

A classification of the conditions found are :—

Congenital defects, club foot, etc.	..	..	141
Infantile paralysis and after effects	..	..	156
Spinal curvature, etc.	..	..	95
Paralysis (Haemoplegia, etc.)	..	..	64
Cleft Palate (including hare lip)	..	..	8
Osteomyelitis	..	..	13
Other deformities (including injuries, etc.)		..	947
			—
			1,424
			—

A summary of the history of these cases and advice given is as follows :—

Already having history of previous hospital treatment	300
To continue present form of treatment ..	207
Recommend admission to hospital ..	24
„ apparatus or modified boots ..	269
„ massage, exercises, etc. ..	211
„ observation	489
No treatment required	29
Referred for X-rays	18
Discharged cured	177
	<hr/>
	1,424
	<hr/>

In addition to the above, 326 children of pre-school age (boys 130, girls 196) were examined under the County Child Welfare Scheme and 338 put forward by Autonomous Child Welfare Authorities who participate in the scheme, making a total of 1,988 individual children examined.

Hospital treatment at the various hospitals has continued under similar arrangements to those of previous years. The year's work shows that 55 children of school age (boys 25, girls 30), and 13 children under school age (boys 7, girls 6) completed a course of treatment under the orthopædic scheme. At the end of the year 35 children (boys 20, girls 15), of whom nine boys and seven girls were under school age, remained in hospital.

The Essex County Council Brookfields Orthopædic Hospital has now completed two full years of work under the County Authority and rendered most necessary and useful work in the scheme, more especially for younger children and those not in need of major operations.

The year's hospital work has been a full one. There is, as usual, a waiting list, 24 children, including seven under school age, being on the list at the end of the year. This list would have been less but for the fact that a number of parents appear to loath letting their children enter hospital just before Xmas when the condition is not acute.

As a result of the outbreak of Infantile Paralysis, the pressure on hospital beds was greatly increased in the last quarter of the year, and arrangements were made for the Halstead Infectious Diseases Hospital to be seconded for these cases entirely, other infectious diseases being catered for at neighbouring Isolation Hospitals. Under this arrangement efficient facilities were provided by the County Council and still continue at the Halstead Isolation Hospital for medical care and masseuse treatment.

The After Treatment Centres have again given free service at the 23 Centres established. A summary of the treatments provided, and numbers treated is shown

in tabular form below. These figures do not include attendances made of children from Autonomous Child Welfare Authorities who participate in the use of the Centres marked*.

Centre.	No. of Sessions.	No. of Attendances.		No. of Patients Treated.		Form of Treatment.			
		Child Welfare.	Educational.	Child Welfare.	Educational.	Massage.	Exercises.	Electrical.	Supervision.
Braintree	45	122	242	74	125	3	34	6	172
Brentwood	53	116	293	51	86	23	135	—	97
Burnham-on-Crouch ..	12	41	27	31	19	—	—	—	50
*Chelmsford	16	38	166	27	97	—	37	—	90
Chingford	116	299	1336	134	399	74	711	1	225
*Clacton	50½	66	255	26	162	—	45	—	143
*Colchester	74	80	108	32	60	—	12	—	83
*Dagenham Ford Road	82	21	438	17	184	—	41	—	161
„ Becontree Av.	96	—	619	—	252	4	35	—	213
Epping	159	60	493	12	80	10	78	4	12
*Grays	110	—	432	—	185	6	20	—	177
Gt. Wakering	12	7	71	7	53	—	8	—	52
Hornchurch	89	250	593	123	215	29	344	—	160
Laindon	22	65	50	43	34	4	7	—	67
Maldon	23	98	155	71	93	—	16	—	160
Rainham	9	70	37	49	26	1	1	1	75
Rochford	12	21	123	17	89	—	4	—	103
*Romford	115	10	838	4	290	61	335	2	64
Saffron Walden	11	28	38	21	27	—	10	—	38
South Benfleet	43	35	195	27	92	—	15	—	104
*Tilbury	40	—	164	—	74	—	13	—	61
Woodford	143	138	1159	12	99	24	103	2	4

(d) *Rheumatics and Cardiac Disease.*

Special attention is given to these cases and periods of convalescent and hospital treatment arranged in certain cases needing this treatment.

We have, however, felt the need, for a considerable period, of a Consultative Clinic for such cases in the County, and it is hoped that such a clinic may be established at the Oldchurch County Hospital during 1939. Here the facilities for diagnosis and advice will be available for children in need of this together with the provision of a certain number of beds especially allocated for this type of case requiring in-patient treatment also within the County.

(j) *Speech Defects.*

There have been many difficulties affecting the full development of the speech training centre, not the least being the provision of suitable accommodation, which means that the Therapist has had to rely on temporary quarters and more or less individual training, and, whilst full benefit of the services of the Therapist has thus been curtailed, nevertheless progress has been made.

(k) *Uncleanliness.*

Table VI indicates that the School Nurses conducted 293,070 examinations of children under this heading and 4,510 individual children were classed as unclean, an increase of 298 on the previous year, an increase which is deplorable and indicates that further and more strenuous efforts are needed in dealing with some neglectful parents. An average of five visits per school were made. Proceedings in three cases only were taken under the School Attendance Bye-Laws.

The Tilbury Baths have continued to render useful service with increased use, 6,853 attendances having been made as compared with 3,818 for 1937.

8. Infectious Diseases.

The policy of excluding contacts of children suffering from infectious diseases for the required period rather than the closure of schools has continued. This has been rather a troublesome year and more especially in the last half due to the prevalence of Anterior Poliomyelitis, mainly in the North-Eastern portion of the County, which caused much anxiety to parents and officials alike.

Whilst sporadic cases of this condition arise from time to time, scattered throughout the country, there is always the chance, when atmospheric and other conditions are favourable to it, of this condition adopting epidemic proportions in certain areas. Up to the end of June, 1938, the total number of known cases occurring in the County was 7, of whom two were under the age of 6 and the remainder under the age of 11 years. In the month of July the numbers notified rose to 31, including 10 under the age of six years, 14 between the ages of six and eleven years, 3 between eleven and sixteen years and 4 over 16 years (1 being 17, 1 eighteen and 2 twenty-six years).

Attention was first directed to the condition becoming prevalent on the 18th July, 1938, when information was received of four cases in connection with a Public School in the Dunmow Rural District. Shortly after this, information was received of cases in the Halstead Urban and Rural Districts, followed very shortly by cases from the Braintree District. All possible steps were taken to notify the Medical Officers of Health in the County and General Practitioners in the Areas mainly affected by this outbreak, and arrangements were made for the segregation and efficient treatment of the cases involved in the Local Isolation Hospitals of Halstead and Braintree. Rigid exclusion of contacts from school was practised, and schools closed where necessary. The closure was a matter of a few days only as in the ordinary way Elementary Schools were closing for the summer holidays at the end of the month.

In August, September, October, November and December, there were further cases in the County to the extent of 60, 29, 35, 16 and 10 respectively, and the arrangements already inaugurated were augmented and continued.

Of the total of 174 cases reported up to 31st December, 1938, 115 were from the County Elementary Education area, and of these 87 were under 16 years of age, including 23 under five years of age.

There were 19 deaths up to 31st December, 1938, 11 being under 16 years and 3 under five years. The main foci of the outbreak were as set out below, in all of which four or more cases occurred :—

From Essex Elementary Education Area :—Braintree and Bocking and Halstead Urban Districts ; Braintree, Chelmsford, Dunmow, Halstead, Loxden and Winstree and Tendring Rural Districts.

From Autonomous Education Areas :—Colchester and Harwich Boroughs.

School Closures. 98 schools were closed, 11 by the Local Sanitary Authorities and 87 with the approval of the School Medical Officer.

Then again there was a troublesome outbreak of Diphtheria in the Loughton Schools. The following is an extract of a report by the School Medical Inspector on this :—

“ A feature of the year was the outbreak of Diphtheria affecting the Senior Mixed, Junior Mixed and Infant Schools, Loughton, producing in all 29 cases.

Meticulous measures were taken to endeavour to stop the spread of infection in accordance with recommendations made by a Medical Officer of the Ministry of Health. These included, in addition to the exclusion of immediate contacts, exclusion of the following :—

All children under five years of age ; children with signs of colds, sore throats, any ear discharge, any rise of temperature, and other conditions showing that the child was not quite well in any of the classes affected, with a recommendation to the parent to consult the private doctor. Such children were excluded for 14 days and only allowed to return after medical examination. This entailed daily visits of the Medical Inspector and School Nurse and regular inspection of the classes affected.

Possibly it was only a coincidence that the outbreak abated and ended and only one or two isolated cases occurred more than five weeks afterwards.”

Public opinion in this country is a considerable force even when uninformed, and it appears almost necessary for the Public Health Authorities to do something drastic and out-of-the-way in the case of a serious outbreak of infectious disease or be subject to gibes and attacks from the public at large.

In some parts of England the routine exclusion of contacts is not insisted on, and the number of cases of infectious diseases in those areas is no higher than it was when exclusion of contacts was practised.

In epidemic periods almost every child is actually a contact, whether there is a case in the same family or house or not. A known contact may be excluded from school for five hours or so a day but there is no control over him. He mixes for a longer period with younger children at home, with his playmates after

school and indiscriminately at cinemas where the ventilation is worse than it is at school. It would be interesting and instructive to know what proportion of excluded known contacts develop the disease.

Terminal disinfection is not carried out by many Health Authorities now and no one is any worse off, except the manufacturers of antiseptics. I think that the practice of routine exclusion of contacts should be modified and that it should be general throughout the country.

Exclusion of contacts of measles is considered by many to be useless, except perhaps at the first outbreak in a school. Chickenpox is usually very mild in children and is so infectious at a very early stage that exclusion of contacts is probably of little, if any, use. A week would be long enough for exclusion of contacts of scarlet fever and a week or 10 days for diphtheria. There is at present a great and unnecessary loss of school time.

In my opinion it would be advisable that some modifications of exclusion of contacts on the above lines be made; but whatever is done it should apply to the whole country, otherwise in the event of an outbreak of infectious disease the unlucky authority which had adopted the above suggestions would be the target for all kinds of abuse from the uninformed public.

Apart from the closures mentioned above as a result of the incidence of Anterior Poliomyelitis, one school only was closed. This was with the approval of the School Medical Officer for the prevention of the spread of Scarlet Fever.

Certificates were issued under paragraph 15 (ii) of the Board of Education Administrative Memorandum No. 51 in respect of reduced attendances for 96 schools due to the following diseases:—Influenza 12, Measles 25, Whooping Cough 18, Mumps 10, Scarlet Fever 4, Diphtheria 4, Jaundice 2, Anterior Poliomyelitis 20, German Measles 1.

Immunization service against diphtheria, whilst not progressing as fast as many would desire, continues in some Sanitary areas and willing help is always available for this from the School Nursing Service.

9. Open Air Education.

(a) *Open Air Classes.*

The practice of holding classes in playgrounds, playing fields, etc., as facilities and opportunity afford, has continued. There have been no additional open air class rooms. For open air schools see para. 13.

(b) *School Journeys.*

As in previous years, a number of school journeys has been made to places of educational interest.

(c) *School Camps.*

These have been held as follows:—

Place.	School taking part.	Duration of Camp.	Attendance.
St. Osyth	.. Chadwell Heath Warren & C. (S.G.)	May 14th & 28th	30 pupils and 3 adults.
Dovercourt	.. Dagenham East- brook C. (S.B.)	May 25th to June 1st	About 140 pupils and 7 teachers.
Isle of Wight	.. Braintree Manor Street C. (M.)	May 27th to June 3rd	40 senior pupils and 4 teachers.
Lake District	.. S. Woodford C. (S.B.)	June 8th to 18th	35 pupils and 2 teachers.
Henley-on-Thames	Hornechurch Rain- ham C. Senior	July 3rd to 10th	40 pupils and 4 adults.
Walton-on-Naze	.. Laindon High Road C. Senior	July 15th to 29th	30 pupils and 3 teachers.

In addition, 34 pupils and 3 teachers from the Grays Intermediate School visited Paris from the 6th to the 13th April.

The Public Assistance Committee organised a camp at Mersea in August, at which 315 children from the Children's Homes attended.

10. Physical Training.

The Chief Education Officer has kindly supplied the following information :—

The Committee were able to arrange a more thorough inspection and supervision of Physical Training in Elementary Schools during the year 1938, by reason of the appointment of a full-time man organiser of Physical Training, Mr. H. P. Crabtree, in September, 1937. Miss F. A. Morgan and Miss M. K. Collman have continued their work for the Committee, the former as a part-time Organiser, for two days each week, and the latter as a full-time Organiser. Mr. H. Lamounby, the Organiser of Physical Training for the Borough of Colchester Education Committee, also supervised in the Committee's Elementary Schools in the Colchester Area for two days each week, while two full-time women Organisers were appointed at the end of the year to commence duties as from April, 1939. Each Organiser is given a definite area for supervision.

The duties undertaken by the Organisers, both part-time and full-time, have included visits to schools to give advice and help by class demonstration and otherwise, and instruction to teachers on the lines of the Physical Training Syllabuses of the Board of Education.

Mr. Crabtree arranged a demonstration of Juniors and Seniors at the Witham Health Centre, open to parents, on the 18th January, and lectured to the Romford and District Head Teachers' Association on the 23rd February. On the 15th June a demonstration with Infant, Junior and Senior Classes was arranged by Mr. Crabtree and Miss Morgan at the Chingford Council Senior School, when a very satisfactory number of teachers was present.

During the year the following 12 courses in Physical Training were arranged for teachers :—

			No. of Teachers in attendance.
Chelmsford—Physical Training	..	..	17
Chelmsford—Games	..	..	32
Maldon—Physical Training	..	..	37
Rochford—Physical Training	..	..	43
Dunmow—Games and Dances	..	..	31
Epping—Games	..	..	30
Manningtree—Games and Dances	..	..	32
Saffron Walden—Intensive Physical Training	..	..	57
Epping—Dancing	..	..	22
Grays—Physical Training	..	..	34
Halstead—Physical Training	..	..	14
Woodford—Dancing	..	..	30

The Intensive Course at the Saffron Walden Training College for Men and Women Teachers of Senior Children was held from 18th to 21st July. In this course, the men's work was chiefly on apparatus.

In continuation of their previous policy, the Committee have made one award to enable a teacher to take a deferred third year at the Carnegie Physical Training College, and two awards have been made to students to enable them to take continuous third year courses in Physical Training.

11. Provision of Meals.

The schemes for the provision of meals in various parts of the County have continued and the following is a summary of the arrangements during the year :—

(1) *Meals consisting of a mid-day meal :—*

(a) Dagenham Area.

Arrangements have continued under the supervision of the Care Committee at four Centres and 153,621 meals were provided, an increase of 53,393 over that for 1937.

(b) Romford Area.

Arrangements have continued at four Centres in this area and the number of meals provided was 111,981, an increase of 56,997 over that for 1937.

(c) Thurrock Area.

Arrangements have continued at the Lansdowne Road Centre and 40,995 meals were provided during the year.

(d) Other Areas.

Arrangements for the provision of mid-day meals in many of the Senior Schools have been extended during the year and 31,379 meals were provided. Facilities are also available in some Junior Schools.

In other schools, arrangements are made for the issue of hot drinks to children who bring their mid-day meals to the School.

(2) *Scheme for the supply of Milk, Cod Liver Oil and Malt, etc. :—*

The scheme for the provision of milk, cod liver oil, etc., has continued with great advantage to the children concerned.

The Milk-in-Schools Scheme has been readily accepted by, and received the full co-operation of practically all the Head Teachers, upon whose willing help the success of the Scheme must depend. As a result of these efforts, the following numbers participate in the Scheme :—

- (a) Number of schools under the Milk Marketing Board Scheme, 522, an increase of 24. Number of children participating, 47,887, an increase of 4,503.
- (b) Number of schools not necessarily under the Milk Marketing Board Scheme, 91. Number of children participating, 4,143.

The County Medical Officer, after consulting the local Medical Officers of Health, issued during the year 93 certificates approving of the source and quality of the milk supplied. On 31st December, 1938, there were 548 certificates in operation under the scheme.

During the year samples of milk, as delivered to schools under the Milk-in-Schools Scheme, were obtained and examined, with the following results :—

- (a) *Biological Examination.* Number of samples examined 523, of which 25 gave inconclusive results. 22 samples (4.4 per cent.) were found to contain tubercle bacilli, the percentage for 1937 being 4.2. For economical reasons, pasteurised milk was not submitted to biological examination this year. Prompt action was taken by the Veterinary Services, with a view to eliminating from the herds concerned any cow which was found to be excreting tubercle bacilli in the milk.
- (b) *Bacteria Count.* Since 1st January, 1937, in accordance with the Milk (Special Designations) Order, 1936, Pasteurised Milks only are submitted to the Bacteria Count, the standard for which is that the milk shall be found to contain not more than 100,000 bacteria per millilitre. Number of samples of Pasteurised Milk examined 183, of which 12 (6.6 per cent.) failed to comply with the standard. In each of the unsatisfactory cases, representations were made to the Local Medical Officer of Health concerned, and further samples were obtained.
- (c) *Methylene Blue Reduction Test.* All samples of milk, other than Pasteurised Milk, have since 1st January, 1937, been submitted to the Methylene Blue Reduction Test, which is a test prescribed for Tuberculin Tested Milk and Accredited Milk by the Milk (Special Designations) Order, 1936. Number of samples examined 579, of which 81 (14.0 per cent.) failed to comply with the standard laid down in the before-mentioned Order. In each of the unsatisfactory cases, representations were made to the Local Medical Officer of Health concerned, and further samples were obtained.

(d) *Coliform Bacteria Test.* 239 of the 579 samples referred to in (c) above were, during the first quarter only, also submitted to the Coliform Bacteria Test for Tuberculin Tested Milk and Accredited Milk by the Milk (Special Designations) Order, 1936. 20 (8.4 per cent.) failed to comply with the standard laid down in that Order. In each of the unsatisfactory cases, representations were made to the Local Medical Officer of Health concerned, and further samples were obtained.

(e) *Chemical Test.* The following paragraph has been extracted from the Annual Report of the County Analyst :—

“ Of the 959 milk samples taken from Schools or Institutions 87 (9.0 per cent.) were unsatisfactory—4 by reason of added water ranging from 3 to 7 per cent., and 83 by reason of deficiency in fat. In 28 cases the deficiency in fat ranged from 2 to 5 per cent., in 29 cases from 6 to 10 per cent., in 15 cases from 11 to 15 per cent., in 7 cases from 16 to 20 per cent., and in 5 cases from 22 to 50 per cent. of the minimum quantity of fat proper to normal milk.

Of the 959 samples of milk delivered to Schools and Institutions, there were 872 which complied with the requirements of the Sale of Milk Regulations, but of these there were 204, which, although containing the 3 per cent. of fat laid down in the Sale of Milk Regulations, nevertheless failed to comply with the more stringent requirement of the presence of 3.25 per cent. of fat enjoined, as we understand, under the contracts for these supplies ”.

12. Co-operation of :—

(a) *Parents.*

The percentage of parents or relatives attending routine examinations was 65.

The School Medical Inspectors report, on the whole, good co-operation on behalf of parents, but deplore the fact that some are neglectful in regard to cleanliness, and thus cause much extra work for the School Nurses.

(b) *Teachers.*

Thanks are again due to the teachers for their help in this work, and more especially so for the great assistance they give in the issue of milk, cod liver oil and malt, etc., at the schools.

(c) *Attendance Officers.*

Attendance Officers continue to keep in close touch with the ameliorative work as followed up by the Nurses.

(d) *Blind Persons Act Committee.*

The Ophthalmic Specialists, as stated in a previous paragraph, are certifying officers under this Act, and during the year 556 adults were examined.

(e) *Care of Children Committees.*

Care of Children Committees have continued their most useful and beneficial work.

(f) *Voluntary Bodies.*

Much appreciable assistance has been rendered by the following as and when required :—

The Voluntary Hospitals, County Nursing Association, County Association for the Care of the Blind, Essex Voluntary Association for Mental Welfare, National Society for Prevention of Cruelty to Children, the British Red Cross Society, the Society of the Order of St. John, the Hospital Savings Association, the Invalid Children's Aid Association and the Essex Rural Community Council.

13. **Blind, Deaf and Epileptic Children.**

Table III shows the numbers ascertained.

(a) *Blind.*

There are 42 children classified as blind, 34 being at certified schools, six for the present remain in elementary schools and two are not at any school.

There are 92 children on the register classified as partially-sighted and 23 are in attendance at Certified Schools for the partially sighted, seven of these being at the Day Class at Grays, 45 being at the ordinary elementary schools and 24 at no school or institution. It is hoped that shortly a class for the partially sighted will be inaugurated at Dagenham. It is very desirable that the partially sighted should be educated at special day classes rather than be educated at residential schools for the blind.

(b) *Deaf.*

62 children are registered as deaf, *i.e.*, too deaf to be efficiently taught in a class for hearing children. Of these 57 are at certified schools for the deaf, two at other institutions and three remain in elementary school. There are a further 11 children at certified schools for the partially deaf.

(c) *Epileptics.*

There are 36 children certified as suffering from epilepsy, and of these nine are at special schools, eight at no school or institution and 19 remaining in elementary schools.

(d) *Mentally Defective.*

There are 423 children (boys 274, girls 149) classified as mentally defective and certified as suitable for special education. Of these 67 (boys 44, girls 23) are at residential schools, 57 of them being at the Peekover Schools, Colchester.

At the two day Special Schools under the Essex Education Committee there are 154 children on books, sub-divided as follows :—

		Boys.		Girls.		Totals.
Dagenham	..	80	..	46	..	126
Woodford	..	17	..	11	..	28
		—		—		—
	Totals ..	97	..	57	..	154
		—		—		—

There are also five children (boys four, girls one) in attendance at the Walthamstow Day Special School.

The numbers at the Dagenham Heathway Special School averaged 128 for the year, there were 55 new admissions and 50 discharges. Ages of admission ranged from five to 15 years.

The following is a summary of the position in regard to those who left :—

At age limit of 16	..	..	..	11
Certificate of leaving at 15 for work	..		..	6
„ „ 14 „	..		..	6
Removed from district	..	..	..	13
„ to Private School		..	..	1
Admitted Epileptic Colony	..	..	..	1
„ Convalescent Home		..	..	1
„ Mentally Defective Institution			..	1
Transfer to Physically Defective Department			..	1
Died	..	..	..	2
Excluded as ineducable	..	..	..	4
Left by desire of parent	..	..	..	3
				—
				50
				—

(e) *Cripples.*

See paragraph 7 (1).

(f) *Children suffering from multiple defects.*

The number ascertained under this heading is 23 ; of these 12 are in certified special schools, four at elementary schools, nine at no school or institution.

(g) *Delicate Children.*

There were at the end of the year 468 children under this heading, 231 of these being at certified special schools and 237 at elementary schools.

(i) *Open Air Day Schools.*

The Grays Open Air School, with accommodation for 90 day scholars, has continued to render valuable service for children of the Thurrock District. Admissions during the year have been 32. Of these six were re-admissions, discharges 26. Reasons for discharges are as follows :—

Return to ordinary school	16
Left district	2
Over school age	1
Unfit for attendance in winter months ..	3
Admitted to hospital	1
Miscellaneous	3
	—
	26
	—

The Medical Officer in charge, Dr. Boul, makes the following remarks :—

Comparison of the admission rate with that of the previous year shows a reduction from 79 to 32. This is in accordance with my forecast, the present policy being to extend each child's stay in the school until he or she has obtained the maximum benefit. Discharges have decreased from 41 to 26 for the same reason.

Cloak Rooms.

Plans have been prepared for provision of new senior cloak room and dressing room.

Dining Hall.

Floor space is still too small to permit all beds to be laid out in rest periods. The provision of a large rest shed capable of use for physical training purposes would prove of great benefit.

Playground.

Satisfactory renovations have been made. The banks surrounding the playground have an untidy appearance, and might well be turfed to give a neater appearance.

(ii) *Residential Open Air Schools and Convalescent Homes.*

Again, failing any County Residential Open Air School and Convalescent Homes, numbers of children have been sent to schools and convalescent homes under other authorities and mainly outside the County. There is always a waiting list for these schools and convalescent homes. During the year periods of treatment were received by 45 children at the Ogilvie School of Recovery, Clacton-on-Sea, 17 at the Chigwell St. John's Open Air School, both within the County. In the four beds retained at the Russell Cotes School of Recovery, Parkstone, Dorset, 20 children were treated during the year. A further 282 children received treatment at other Homes throughout the country.

Co-operation has continued with the Dagenham Borough Council and the Oldchurch County Hospital in regard to the treatment of cases put forward for ultra-violet light treatment.

14. Full-time Courses of Higher Education for the Blind, Deaf, Defective and Epileptic Children.

A summary is set out below of the numbers who received training and some notes on the after career of some who completed training.

(a) *Received Training* :—

Blind	..	..	..	..	49
Cripples	..	..	..	..	33
Epileptic	..	..	..	..	5
Deaf and Dumb		..	..	..	2

(b) *After Career* :—

Four males, training unsatisfactory, come under Domiciliary Assistance Scheme.

Three (male two, female one) satisfactory, admitted to Home Workers' Scheme.

One male satisfactory, Kiosk Manager.

Crippled.

One male taken over by Public Assistance Committee.

One female, Domestic Service.

One male, admitted to Sanatorium.

One male awaiting placing in employment.

Epileptics.

One male taken over by Public Assistance Committee.

One male employed in Institution.

15. Nursery Schools are not established.

16. Secondary Schools and Other Institutions of Higher Education.

In these schools, 7,894 routine examinations were made, being 1,494 more than the previous year. In addition 620 specials were examined and there were 937 re-examinations.

Table II S (a) indicates in figures the results of these examinations.

Table I S (c) shows that 593 individual pupils examined at routine inspections were referred for treatment, or 15.11 per cent. of the total number examined, an increase on the previous year of 3.8 per cent.

Three new schools were opened during the year, viz :—

Buckhurst Hill County High Mixed.

Chingford (temporary) County High Mixed.

Walthamstow South-West Essex Technical College, this replacing four smaller technical institutions in the South-West Area.

The arrangements whereby the medical and dental inspection and treatment of the Secondary and Technical pupils in the Boroughs of Barking, Leyton and Walthamstow are undertaken on behalf of the County Education Committee by the Medical and Dental Staffs of those Boroughs have continued, and appear to have given satisfaction.

Under these arrangements 1,980 pupils were medically inspected. Of these 815 pupils made attendances for treatment of the following defects as set out below :—

Minor ailments	532
Orthopaedic	450
Ophthalmic	348
Rheumatism	18
Aural	29
Ultra-Violet Light	47
Speech	151

2,280 children were dentally inspected. Of these 1,852 were found to require treatment, and 1,738 actually received dental treatment.

Unfortunately we have again to report failure to come to a similar arrangement in the Borough of Ilford, but negotiations for this still continue.

Table II S (b) sets out a classification of the nutrition of the pupils as reviewed at routine inspections. Of these, 9.33 per cent. are classed as excellent, 88.14 per cent. as normal, *i.e.*, 97.47 per cent. as quite satisfactory, the remaining 2.53 per cent. being classed as slightly below normal, and again a nil return under the heading bad.

Table V S indicates the dental treatment carried out for these pupils. This year's results show decided progress in this work. There were 631 sessions devoted to the work and 2,546 pupils treated and 4,628 fillings, as against 1,477 teeth extracted and of these 350 were of the temporary dentition.

The above progress indicates that we have now at least made a commencement with the dental care of the secondary pupils, and it is hoped that this will show progress year by year until the scheme can be considered as being satisfactory.

17. Parents' Payments.

These are made as far as financial circumstances permit, the assessment being on a definite scale.

18. Health Education and Propaganda.

The Medical Nursing and Dental Staffs have again lectured and given talks on health matters at Health Weeks, Women's Institutes, Open Days at Schools, etc.

In this connection new channels have been tapped this year, in that two Medical Inspectors (female) have given special lectures to two classes of female students of the "Keep Fit Movement." Women leaders trained in these classes are later expected to take the knowledge thus gained into the country areas, and instil as much as possible of what they have learnt into others.

19. Special Enquiries.

There is nothing of note to record.

20. Miscellaneous.

(a) *Teachers.*

Special reports have been submitted on six teachers during the year.

(b) *Employment of Children and Young Persons Regulations.*

At the end of the year the number of children employed under the Bye-Laws was 947 (boys 905, girls 42), a decrease of 175 on the previous year. A summary of the particulars is as follows :—

	Boys.		Girls.		Totals.
(1) Submitted for examination	905	..	42	..	947
(2) Passed as fit	892	..	42	..	934
Employments :—					
(a) Farm work	55	..	19	..	74
(b) Home	34	..	14	..	48
(c) Gardening	11	..	—	..	11
(d) Paper delivery ..	408	..	9	..	417
(e) Milk delivery ..	60	..	—	..	60
(f) Errands	72	..	—	..	72
(g) Others (bread, caddyng, grocery, etc.) ..	263	..	—	..	263

(c) *Children and Young Persons Act, 1933.*

(i) *Remand Homes.*

Arrangements continued under which a male member of the County Medical Staff is in constant touch with the Remand Home for Boys at Harold Wood, and during the year 1938 285 boys were medically examined and reports provided for the Justices as and when required. 33 girls were examined at “ Bartletts ”, Great Baddow, which the Committee ceased to recognise as a Remand Home at the end of December, 1938.

(ii) *Boarded-out Children.*

Owing to the increase in the number of children and young persons committed to the care of the Education Committee by the Courts and in turn boarded-out by the Committee under the Children and Young Persons Act, 1933, Statutory Rules and Orders, 1933, No. 787, arrangements were made during the year for the services of the Health Visitors and School Nurses to be available for the supervision of foster parents and foster children under these Rules.

On receiving an application to act as foster parent, the Health Visitor or School Nurse calls and submits a report on the foster parent and the conditions of the home. On a child being placed with an approved foster parent the Health Visitor or School Nurse visits the foster parent quarterly and also keeps the child under observation at school.

(d) *Examination of Juveniles.*

As mentioned in last year's Report, the Committee arranged for the medical inspection and treatment of unemployed juveniles attending the Junior Instruction

Centres at Dagenham and Grays. A male member of the School Medical Staff was detailed at each Centre for examination of the boys and a female member for the girls, with a view to regular weekly evening sessions being held. Clinic facilities are also available for those juveniles found to be in need of treatment, except where such treatment is available under the National Health Insurance Act.

It is regretted that few juveniles took advantage of these facilities. At Grays only four juveniles were examined during the year, three being referred for treatment, including two for defective vision and one for lung condition. At Dagenham 62 were examined, 16 being referred for treatment and three for observation, including 12 for defective vision, 21 for dental treatment and seven for other defects.

With regard to treatment, at Grays not one juvenile attended the Clinic, and at Dagenham only ten attended (five for refraction, three for orthopædics and two for dental treatment).

(e) *Conferences.*

No conferences were held during the year.

MEDICAL INSPECTION RETURNS.

ELEMENTARY SCHOOLS.

TABLE I.

RETURN OF MEDICAL INSPECTIONS, YEAR ENDED 31st DECEMBER, 1938.

A.—ROUTINE MEDICAL INSPECTIONS.

Number of Prescribed Group Inspections.

Entrants	..	..	..	..	..	..	12,134
Second Age Group	..	..	..	..	..	..	18,081
Third Age Group	..	..	..	..	..	..	14,014
... Total						..	<u>44,229</u>

B.—OTHER INSPECTIONS.

Number of Special Inspections	..	..	..	..	..	15,441
Number of Re-Inspections	..	..	..	..	..	50,923
			Total	..	..	66,364

C.—CHILDREN FOUND TO REQUIRE TREATMENT.

Number of Individual Children found at Routine Medical Inspection to require Treatment (excluding Defects of Nutrition, Uncleanliness and Dental Diseases).

Prescribed Groups—	For defective vision (excluding squint).	For all other con- ditions recorded in Table II A.	Total.
Entrants	340	1535	1792
Second Age Group	1195	2186	3080
Third Age Group	1131	1530	2413
<hr/>			
Total (Prescribed Groups)	2666	5251	<u>7285</u>
<hr/>			

TABLE II.

A.—RETURN OF DEFECTS FOUND BY MEDICAL INSPECTION IN THE YEAR ENDED 31ST DECEMBER, 1938.

Defect or Disease.					Routine Inspections.		Special Inspections.	
					Requiring Treatment.	Requiring to be kept under observation, but not requiring Treatment.	Requiring Treatment.	Requiring to be kept under observation but not requiring Treatment.
(1)					(2)	(3)	(4)	(5)
Skin	Ringworm :							
	Scalp				—	—	20	—
	Body				1	1	71	—
	Scabies				19	—	129	—
	Impetigo				16	1	864	4
Other Diseases (Non-Tuberculous)					199	242	2226	31
Eye	Blepharitis				94	73	115	9
	Conjunctivitis				10	10	123	3
	Keratitis				—	—	5	6
	Corneal Opacities				—	—	1	—
	Other Conditions (excluding Defective Vision and Squint)				68	180	881	19
	Defective Vision (excluding Squint)				2666	248	911	54
Squint					5	8	—	2
Ear	Defective Hearing				342	169	91	29
	Otitis Media				88	34	185	3
	Other Ear Diseases				110	204	227	29
Nose and Throat	Chronic Tonsillitis only				991	813	425	104
	Adenoids only				121	65	44	8
	Chronic Tonsillitis and Adenoids				1114	620	614	86
	Other Conditions				38	84	259	13
Enlarged Cervical Glands (Non-Tuberculous)					206	263	183	37
Defective Speech					82	60	33	10
Heart and Circulation	Heart Disease :							
	Organic				2	—	33	—
	Functional				60	143	51	36
Anæmia					24	25	153	2
Lungs	Bronchitis				43	25	110	10
	Other Non-Tuberculous Diseases				101	139	107	5
Tuberculosis	Pulmonary :							
	Definite				—	—	14	—
	Suspected				3	1	9	—
	Non-Pulmonary :							
	Glands				—	—	25	—
	Bones and Joints				—	—	1	—
	Skin				—	—	1	—
Other Forms					—	—	3	—
Nervous System	Epilepsy				4	2	12	—
	Chorea				2	7	36	1
	Other Conditions				81	74	116	7
Deformities	Rickets				3	1	22	—
	Spinal Curvature				31	38	16	4
	Other Forms				356	700	262	112
Other Defects and Diseases (Excluding Uncleanliness and Dental Diseases).					908	1198	1022	207

TABLE II.—*continued.*B.—CLASSIFICATION OF THE NUTRITION OF CHILDREN INSPECTED
DURING THE YEAR IN THE ROUTINE AGE GROUPS.

Age-groups.	Number of Children Inspected.	A (Excellent).		B (Normal).		C (Slightly subnormal).		D (Bad).	
		No.	%	No.	%	No.	%	No.	%
Entrants	12134	408	3.36	11300	93.13	413	3.50	13	0.01
Second Age-group ..	18081	774	4.28	16522	91.38	730	4.04	55	0.30
Third Age-group ..	14014	538	3.84	13043	93.07	422	3.01	11	0.08
Other Routine Inspections	—	—	—	—	—	—	—	—	—
Total ..	44229	1720	3.89	40865	92.39	1565	3.54	79	0.18

TABLE III.

RETURN OF ALL EXCEPTIONAL CHILDREN IN THE AREA IN 1938.

Blind Children.

At Certified Schools for the Blind.	At Public Elementary Schools.	At other Institutions.	At no School or Institution.	Total.
34	6	—	2	42

Partially Sighted Children.

At Certified Schools for the Blind.	At Certified Schools for the Partially Sighted.	At Public Elementary Schools.	At other Institutions.	At no School or Institution.	Total.
—	23	45	—	24	92

Deaf Children.

At Certified Schools for the Deaf.	At Public Elementary Schools.	At other Institutions.	At no School or Institution	Total.
57	3	2	—	62

TABLE III—*continued.***Partially Deaf Children.**

At Certified Schools for the Deaf and Partially Deaf.	At Public Elementary Schools.	At other Institutions.	At no School or Institution.	Total.
11	7	—	—	18

Mentally Defective Children.**FEEBLE-MINDED CHILDREN.**

At Certified Schools for Mentally Defective Children.	At Public Elementary Schools.	At other Institutions.	At no School or Institution.	Total.
228	95	4	96	423

Epileptic Children.**CHILDREN SUFFERING FROM SEVERE EPILEPSY.**

At Certified Special Schools.	At Public Elementary Schools.	At other Institutions.	At no School or Institution.	Total.
9	19	—	8	36

Physically Defective Children.**A—TUBERCULOUS CHILDREN.***(i) Children suffering from Pulmonary Tuberculosis.*

At Certified Special Schools.	At Public Elementary Schools.	At other Institutions.	At no School or Institution.	Total.
27	—	15	—	42

(ii) Children suffering from Non-Pulmonary Tuberculosis.

At Certified Special Schools.	At Public Elementary Schools.	At other Institutions.	At no School or Institution.	Total.
60	430	—	74	564

TABLE III.—*continued.*

B—DELICATE CHILDREN.

At Certified Special Schools.	At Public Elementary Schools.	At other Institutions.	At no School or Institution.	Total.
231	237	—	—	468

C—CRIPPLED CHILDREN.

At Certified Special Schools.	At Public Elementary Schools.	At other Institutions.	At no School or Institution.	Total.
97	288	3	42	430

D—CHILDREN WITH HEART DISEASE.

At Certified Special Schools.	At Public Elementary Schools.	At other Institutions.	At no School or Institution.	Total.
39	124	1	29	193

Children suffering from Multiple Defects.

Combination of Defect.	At Certified Special Schools.	At Public Elementary Schools.	At other Institutions.	At no School or Institution.	Total.
M.D. and Heart ...	2	1	1	1	5
M.D. and Cripple ...	3	1	—	6	10
M.D. and Epileptic ...	4	2	—	1	7
M.D. and Blind ...	2	—	—	1	3
Cripple and Heart ...	1	—	—	—	1
Totals ...	12	4	1	9	26

M.D. = Mentally Defective.

TABLE IV.

RETURN OF DEFECTS TREATED DURING 1938.

GROUP I.—MINOR AILMENTS (excluding Uncleanliness, for which see Table VI.)

Disease or Defect. (1)	Number of Defects treated, or under treatment during the year.		
	Under the Authority's Scheme. (2)	Otherwise. (3)	Total. (4)
<i>Skin—</i>			
Ringworm-Scalp—			
(i) X-Ray Treatment	30	—	30
(ii) Other	42	—	42
Ringworm-Body	135	—	135
Scabies	401	—	401
Impetigo	1506	—	1506
Other skin disease	4176	7	4183
Minor Eye Defects	1111	8	1119
(External and other, but excluding cases falling in Group II.)			
Minor Ear Defects	1365	6	1371
Miscellaneous	7620	1165	8785
(e.g., minor injuries, bruises, sores, chilblains, &c.)			
Total	16386	1186	17572

GROUP II.—DEFECTIVE VISION AND SQUINT (excluding Minor Eye Defects treated as Minor Ailments—Group I.)

Defect or Disease. (1)	No. of Defects dealt with.		
	Under the Authority's Scheme. (2)	Otherwise. (3)	Total. (4)
Errors of Refraction (including Squint) ..	5503	9	5512
Other Defect or Disease of the Eyes (excluding those recorded in Group I.)	—	—	—
Total	5503	9	5512

Total number of children for whom spectacles were prescribed

(a) Under the Authority's Scheme	3759
(b) Otherwise	18
	— 3777

Total number of children who obtained or received spectacles

(a) Under the Authority's Scheme	3303
(b) Otherwise	18
	— 3321

TABLE IV.—*continued.*

GROUP III —TREATMENT OF DEFECTS OF NOSE AND THROAT.

Number of Defects.															
Received Operative Treatment.								Received other forms of Treatment.		Total number treated.					
Under the Authority's Scheme —in Clinic or Hospital.				By Private Practitioner or Hospital, apart from the Authority's Scheme.								Total.			
(1)				(2)								(3)			
(i)	(ii)	(iii)	(iv)	(i)	(ii)	(iii)	(iv)	(i)	(ii)	(iii)	(iv)				
400	41	1248	—	22	5	28	—	422	46	1276	—				
1689				55				1744							
								2397		4141					

(i) Tonsils only. (ii) Adenoids only. (iii) Tonsils and Adenoids. (iv) Other defects of the nose and throat.

GROUP IV —ORTHOPAEDIC AND POSTURAL DEFECTS.

	Under the Authority's Scheme. (1)			Otherwise. (2)			Total number treated.
	Residential treatment with education.	Residential treatment without education.	Non- residential treatment at an orthopædic clinic.	Residential treatment with education.	Residential treatment without education.	Non- residential treatment at an orthopædic clinic.	
	(i)	(ii)	(iii)	(i)	(ii)	(iii)	
Number of children treated.	42	13	2741	—	—	28	2824

TABLE V.—DENTAL INSPECTION AND TREATMENT.

(1) Number of Children who were:—

(a) Inspected by the Dentist:

Routine Age Groups	4	650	Total	59806
	5	4613		
	6	5772		
	7	6704		
	8	6850		
	9	6293		
	10	6138		
	11	7255		
	12	6303		
	13	6225		
	14	2650		
	15	353		

Specials 3126

Total (Routine and Specials) ... 62932

(b) Found to require treatment .. 41748

(c) Actually treated .. 24799

(2) Attendances made by children for treatment ... 43424

(3) Half-days devoted to:—

Inspection ... 552 } Total ... 5770
Treatment ... 5218 }

(4) Fillings:—

Permanent teeth 22856 } Total ... 26465
Temporary teeth 3609 }

(5) Extractions:—

Permanent teeth 9486 } Total ... 50507
Temporary teeth 41021 }

(6) Administrations of general anæsthetics for extractions ... 22140

(7) Other operations:—

Permanent teeth 3311 } Total ... 3866
Temporary teeth 555 }

SECONDARY SCHOOLS.

TABLE I.

RETURN OF MEDICAL INSPECTIONS, YEAR ENDED 31ST DECEMBER, 1938.

A.—ROUTINE MEDICAL INSPECTION.

Number of Group Inspections.

Entrants	...	..	..	...	...	...	...	987
Second Age Group	...	..	..	...	..	...	...	3,967
Third Age Group...	..	...	...	...	...	...	...	2,940
								<hr/>
Total	...	...	...	...	...	...	...	7,894
								<hr/>

B.—OTHER INSPECTIONS.

Number of Special Inspections	...	...	...	...	...	620
Number of Re-Inspections	..	...	...	...	...	937
						<hr/>
		Total	...	...	...	1,557
						<hr/>

C.—CHILDREN FOUND TO REQUIRE TREATMENT.

Number of Individual Children found at Routine Medical Inspection to require Treatment
(Excluding Defects of Nutrition, Uncleanliness and Dental Diseases.)

				For defective vision (excluding squint).	For all other con- ditions recorded in Table II A.	Total.
Prescribed Groups—						
Entrants	..	..	..	51	142	178
Second Age Group	..	..	..	289	298	533
Third Age Group	..	..	..	253	271	482
				<hr/>	<hr/>	<hr/>
Total (prescribed groups)				593	711	1193
				<hr/>	<hr/>	<hr/>

TABLE II.

A.—RETURN OF DEFECTS FOUND BY MEDICAL INSPECTION IN THE YEAR
ENDED 31ST DECEMBER, 1938.

Defect or Disease.					Routine Inspections.		Special Inspections.	
					No. of Defects.		No. of Defects.	
					Requiring Treatment.	Requiring to be kept under observation, but not requiring treatment.	Requiring Treatment.	Requiring to be kept under observation, but not requiring treatment.
(1)					(2)	(3)	(4)	(5)
Skin	Ringworm :							
	Scalp				—	—	—	—
	Body				—	—	—	—
	Scabies				1	—	—	—
	Impetigo				—	—	—	—
Other Diseases (Non-Tuberculous)					19	48	5	3
Eye	Blepharitis				9	2	—	—
	Conjunctivitis				2	—	—	—
	Keratitis				—	—	—	—
	Corneal Opacities				—	—	—	—
	Other Conditions (excluding Defective Vision and Squint)				9	34	—	4
	Defective Vision (excluding Squint)				593	81	30	4
	Squint				—	—	—	—
Ear	Defective Hearing				32	32	4	—
	Otitis Media				5	5	2	—
	Other Ear Diseases				23	37	—	7
Nose and Throat	Chronic Tonsillitis only				102	62	6	5
	Adenoids only				38	9	1	3
	Chronic Tonsillitis and Adenoids				61	47	1	3
	Other Conditions				14	22	3	—
Enlarged Cervical Glands (Non-Tuberculous)					17	33	—	1
Defective Speech					18	1	—	—
Heart and Circulation	Heart Disease :							
	Organic				—	—	—	—
	Functional				7	24	2	—
Anæmia					4	2	4	1
Lungs	Bronchitis				—	2	1	—
	Other Non-Tuberculous Diseases				12	10	3	1
Tuberculosis	Pulmonary :							
	Definite				—	—	—	—
	Suspected				2	—	—	—
	Non-Pulmonary :							
	Glands				—	—	—	—
	Bones and Joints				—	—	—	—
Nervous System	Skin				—	—	—	—
	Other Forms				—	—	—	—
	Epilepsy				—	1	—	—
Deformities	Chorea				—	1	—	—
	Other Conditions				5	8	3	—
	Rickets				1	—	—	—
Spinal Curvature					1	9	—	2
Other Forms					148	265	9	4
Other Defects and Diseases (excluding Defects of Nutrition, Uncleanliness and Dental Diseases)					114	153	9	17

TABLE II.—*continued.*

B.—CLASSIFICATION OF THE NUTRITION OF CHILDREN INSPECTED DURING THE YEAR IN THE ROUTINE AGE GROUPS.

Age-groups.	Number of Children Inspected.	A (Excellent).		B (Normal).		C (Slightly subnormal).		D (Bad).	
		No.	%	No.	%	No.	%	No.	%
Entrants	987	172	17.43	774	78.42	41	4.15	—	—
Second Age-group ..	3967	269	6.78	3606	90.90	92	2.32	—	—
Third Age-group ..	2940	295	10.03	2578	87.69	67	2.28	—	—
Total	7894	736	9.33	6958	88.14	200	2.53	—	—

TABLE IV.

RETURN OF DEFECTS TREATED DURING 1938.

GROUP I.—MINOR AILMENTS.

Disease or Defect. (1)	Number of Defects treated, or under treatment during the year.		
	Under the Authority's Scheme. (2)	Otherwise. (3)	Total. (4)
<i>Skin—</i>			
Ringworm-Scalp—			
(i) X-Ray Treatment	—	—	—
(ii) Other	—	—	—
Ringworm-Body	—	—	—
Scabies	—	—	—
Impetigo	1	—	1
Other skin disease	14	—	14
<i>Minor Eye Defects</i>	11	—	11
(External and other, but excluding cases falling in Group II.)			
<i>Minor Ear Defects</i>	11	—	11
<i>Miscellaneous</i>	1575	—	1575
(e.g., minor injuries, bruises, sores, chillblains, &c.)			
Total	1612	—	1612

GROUP II.—DEFECTIVE VISION AND SQUINT (excluding Minor Eye Defects treated as Minor Ailments—Group I.).

Defect or Disease. (1)	No. of Defects dealt with.		
	Under the Authority's Scheme. (2)	Otherwise. (3)	Total. (4)
Errors of Refraction (including Squint) ..	618	—	618
Other Defect or Disease of the Eyes (excluding those recorded in Group I.)	—	—	—
Total	618	—	618

Total number of children for whom spectacles were prescribed :—

(a) Under the Authority's Scheme	387
(b) Otherwise	—

Total number of children who obtained or received spectacles :—

(a) Under the Authority's Scheme	344
(b) Otherwise	—

TABLE V.—DENTAL INSPECTION AND TREATMENT.

(1) Number of Children who were :—

(a) Inspected by the Dentist :

Routine Age Groups	5 .. —	Total .. 7368
	6 .. —	
	7 .. 5	
	8 .. 14	
	9 .. 28	
	10 .. 74	
	11 .. 1128	
	12 .. 1462	
	13 .. 1436	
	14 .. 1369	
	15 .. 1007	
	16 .. 599	
	17 .. 159	
	18 .. 87	

Specials 19

Total (Routine and Specials) .. 7387

(b) Found to require treatment .. 5196

Actually treated 2546

(2) Attendances made by children for treatment 5065

(3) Half-days devoted to :—

Inspection .. 52	Total .. 631
Treatment .. 579	

(4) Fillings :—

Permanent teeth 4591	Total .. 4628
Temporary teeth 37	

(5) Extractions :—

Permanent teeth 1127	Total .. 1477
Temporary teeth 350	

(6) Administration of general anaesthetics for extractions 753

(7) Other operations :—

Permanent teeth 783	Total .. 801
Temporary teeth 18	